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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself							
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):				
1.	Your full name							
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Jason First name J Middle name Loughran Last name and Suffix (Sr., Jr., II, III)		Jennifer First name M Middle name Loughran Last name and Suffix (Sr., Jr., II, III)				
2.	All other names you have used in the last 8 years Include your married or maiden names.							
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8598		xxx-xx-7142				

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Debtor 1 Jason J Loughran
Debtor 2 Jennifer M Loughran

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs			
5.	Where you live	4536 W 115th Place	If Debtor 2 lives at a different address:			
		Alsip, IL 60803 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Cook				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6. Why you are choosing this district to file for bankruptcy		Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.			
		Explain. (See 28 U.S.C. § 1408.)	Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 Jason J Loughran Debtor 2 Jennifer M Loughran Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? □ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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	otor 1 Jason J Loughran Jennifer M Lough		Docum	Case number (if known)			
Pari	t3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	tor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	No. Go to Part 4.				
		siness					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	te & ZIP Code			
	it to this petition.			ox to describe your business:			
			☐ Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))			
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))				
			■ None of the above	e			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	f you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropried deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statemed perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process 11 U.S.C. 1116(1)(B).				
	For a definition of small	■ No.	I am not filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Part	t 4: Report if You Own or	Have Any	<i>r</i> Hazardous Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No.	What is the hazard?				
identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is							
	immediate attention?		needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
				Number, Street, City, State & Zip Code			

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Debtor 1 Jason J Loughran

Debtor 2 Jennifer M Loughran

Case number (if known)

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-20597 Doc 1 Filed 06/24/16 Entered 06/24/16 12:36:22 Desc Main Document Page 6 of 62

	otor 1 Jason J Loughra otor 2 Jennifer M Loug		Boodinent	1 age o e	Case nu	ımber (if known)		
Pari	t 6: Answer These Ques	stions for R	eporting Purposes					
	What kind of debts do you have?	16a.	Are your debts primarily consindividual primarily for a personal No. Go to line 16b.					
		16b.	Yes. Go to line 17.	nose dobte? Pusin	ace dobte are de	obte that you incurred to obtain		
		TOD.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			Yes. Go to line 17.					
		16c.	State the type of debts you owe	that are not consu	mer debts or bus	siness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. 0	Go to line 18.				
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do y are paid that funds will be availa			property is excluded and administrative extors?	penses	
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecure creditors?	d	☐ Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000		2 5,001-50,000		
	you estimate that you owe?	□ 50-99		□ 5001-10,000 □ 10,001-25,0		☐ 50,001-100,000 ☐ More than100,000		
<u></u>		☐ 100-1 ☐ 200-9		1 0,001-25,0	100	□ More than 100,000		
19.	How much do you	□ \$0 - \$	G50,000	□ \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		□ \$1,000,000,001 - \$10 billion		
			,001 - \$500,000 ,001 - \$1 million		1 - \$100 million 11 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
20.	How much do you estimate your liabilities	□ \$0 - \$		□ \$1,000,001		□ \$500,000,001 - \$1 billion		
	to be?		001 - \$100,000 ,001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion	า	
			,001 - \$1 million	\$100,000,00	01 - \$500 million	☐ More than \$50 billion		
Part	T7: Sign Below							
For	you	I have ex	camined this petition, and I declare	e under penalty of p	perjury that the ir	nformation provided is true and correct.		
						gible, under Chapter 7, 11,12, or 13 of title did choose to proceed under Chapter 7.	11,	
			orney represents me and I did not port, I have obtained and read the no			is not an attorney to help me fill out this		
		I request	t relief in accordance with the chap	pter of title 11, Unite	ed States Code,	specified in this petition.		
			derstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a kruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519					
		/s/ Jaso	on J Loughran		/s/ Jennifer I			
			J Loughran e of Debtor 1		Jennifer M L Signature of De			
		Executed	June 19, 2016 MM / DD / YYYY			June 19, 2016 MM / DD / YYYY		

Debtor 1 Jason J Loughra Debtor 2 Jennifer M Loug		Page 7 of 62	se number (if known)	
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second of the control	ed States Code, and have e	explained the relief availal	ole under each chapter
If you are not represented by an attorney, you do not need to file this page.		vledge after an inquiry tha	t the information in the	
	/s/ Daniel J Winter Signature of Attorney for Debtor	Date	June 19, 2016 MM / DD / YYYY	
	Daniel J Winter Printed name			
	Law Offices of Daniel J Winter Firm name			
	53 W Jackson Boulevard Suite 718 Chicago, IL 60604 Number, Street, City, State & ZIP Code			

Email address

djw@dwinterlaw.com

Contact phone 312-427-1613

6208223 Bar number & State Case 16-20597 Doc 1 Filed 06/24/16 Entered 06/24/16 12:36:22 Desc Main Document Page 8 of 62

	otor 1 Jason J Loughra otor 2 Jennifer M Lough			Case numbe	et (# known)			
Pa	Answer These Ques	tions for F	Reporting Purposes					
16.	What kind of debts do you have?	16a.	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurs individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
	•	16b.	Are your debts primarily					
			□ No. Go to line 16c.	money for a business or investment or through the operation of the business or investment.				
			Yes. Go to line 17.					
		16c.		owe that are not consumer debts or busines	as debts			
17.	Are you filing under Chapter 7?		I am not filing under Chapte	am not filing under Chapter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.		. Do you estimate that after any exempt propayallable to distribute to unsecured creditors?	erty is excluded and administrative expenses			
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do you estimate that you owe?	1 -49		□ 1,000-5,000	2 5,001-50,000			
		□ 50-99		☐ 5001-10,000 ☐ 40,004,05,000	☐ 50,001-100,000			
		☐ 100-1 ☐ 200-8		□ 10,001-25,000	☐ More than100,000			
-	How much do you			M • • • • • • • • • • • • • • • • • • •				
15.	estimate your assets to	☐ \$0 - \$50,000 ☐ \$50,001 - \$100,000 ☐ \$100,001 - \$500,000		☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion			
	be worth?			□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 b⊞on			
		\$500	,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you	□ \$0 - \$	550,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		001 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			,001 - \$500,000 ,001 - \$1 milion	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
_								
Par	Sign Below							
For	Aon	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
				7, I am aware that I may proceed, if eligible, relief available under each chapter, and I ch				
				i not pay or agree to pay someone who is no the notice required by 11 U.S.C. § 342(b).	t an attorney to help me fill cut this			
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
			tcy case can result in fines up	nt, concealing property, or obtaining money of the \$250,000, or imprisonment for up to 20 y	or property by fraud in connection with a regie, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			J Loughran	gennifer A Loug				
		Statur	e of Debtor 1	Signature of Debtor				
		Execute	d on 6/19/16	Executed on	/////			
			MM / UD / YYYY	NAPA				

		DOCUME	<u>ani Pade 9 01 67</u>	
Fill in this inform	mation to identify your	case:		
Debtor 1	Jason J Loughra	n		
	First Name	Middle Name	Last Name	
Debtor 2	Jennifer M Lough	nran		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				☐ Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	issets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	152,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	19,150.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	171,150.00
Pa	tt 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	194,533.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	72,809.89
	Your total liabilities	\$	267,342.89
Pa	Tt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,712.88
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,739.00
Pa	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Case number (if known)

Debtor 1 Jason J Loughran Document Page 10 of 62

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,299.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debtor 2

Jennifer M Loughran

	Ca	ise 16-20597	Doc 1		06/24/16 ument	Entered 06/24/1 Page 11 of 62	.6 12:36:22	Desc	c Main	
Fill	in this inforr	mation to identify	your case and th			FAUE 11 OF OZ				
Deb	otor 1	Jason J Lou	ghran							
D - I	10	First Name	Middle	Name		Last Name				
	otor 2 use, if filing)	Jennifer M Lo	oughran Middle	Name		Last Name				
Unit	ted States Ba	nkruptcy Court for	the: NORTHER	N DIST	RICT OF ILLIN	NOIS				
								-	7	
Cas	e number _					-			J Check if this is an amended filing	
SC n ea hink nfor	chedul ch category, s it fits best. B	e as complete and a e space is needed, a	coperty escribe items. List a	e. If two	married people	in asset fits in more than one e are filing together, both are e top of any additional pages	equally responsible	e for supp	lying correct	
Part	1: Describe	Each Residence, Bu	ilding, Land, or Otl	ner Real	Estate You Ow	n or Have an Interest In				
. De	o you own or h	nave any legal or equ	uitable interest in a	ny resid	ence, building,	land, or similar property?				
	No. Go to Par	t 2.								
	Yes. Where is	s the property?								
1.1				What	is the property	/? Check all that apply				
	4536 W 11	5th Place		•	Single-family h		Do not deduct sec	ured clain	ns or exemptions. Put	
	Street address,	if available, or other desc	ription	Duplex or multi-unit building the amou				ount of any secured claims on Schedule D: ors Who Have Claims Secured by Property.		
	Alsip	IL State	60803-0000 ZIP Code		Land	or mobile home	Current value of entire property?		Current value of the portion you own?	
	City	State	ZIP Code		Investment pro Timeshare	орепу			, , , , , , , , , , , , , , , , , , , ,	
				_		in the property? Check one	(such as fee simp a life estate), if ki	ole, tenan nown.	r ownership interest cy by the entireties, or	
	Cook				Debtor 1 only Debtor 2 only		Tenants By E	ntirety		
	County			_	Debtor 1 and [Debtor 2 only				
						the debtors and another	Check if this (see instruction:		unity property	
					r information yo erty identification	ou wish to add about this ite on number:	m, such as local			
2.		ar value of the po				rom Part 1, including any	entries for		\$152,000.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here......

page 1 Official Form 106A/B Schedule A/B: Property

Part 2: Describe Your Vehicles

Entered 06/24/16 12:36:22 Case 16-20597 Doc 1 Filed 06/24/16 Desc Main Document Page 12 of 62 Debtor 1 Jason J Loughran Debtor 2 Jennifer M Loughran Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Ford 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Taurus** Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Year: 2014 Debtor 2 only Current value of the Current value of the 40000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$12,500.00 \$12,500.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevy 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Avalanche** Debtor 1 only Model Creditors Who Have Claims Secured by Property. 2004 Year: Debtor 2 only Current value of the Current value of the 110,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$5,000.00 \$5,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$17,500.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Yes. Describe.....

Furniture including Beds, dressers, kitchen table, couches

\$500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Yes. Describe.....

3 TVs, Wii s	system, cell	phones
--------------	--------------	--------

\$500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

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Official Form 106A/B

Schedule A/B: Property

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27. Licenses, franchises, and other general intangibles

☐ Yes. Give specific information about them...

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

Entered 06/24/16 12:36:22 Case 16-20597 Filed 06/24/16 Page 15 of 62 Document Debtor 1 Jason J Loughran Debtor 2 Jennifer M Loughran Case number (if known) ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Term Life insurance on job Jennifer Loughran \$0.00 Disability insurance on job \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$325.00 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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Official Form 106A/B Schedule A/B: Property

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

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Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$171,150.00

		I A A JULIA .			
Fill in this infor	mation to identify your	case:			
Debtor 1	Jason J Loughra	n			
	First Name	Middle Name	Last Name		
Debtor 2	Jennifer M Lough	nran			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)				☐ Check if this is a	ın
				amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
\$152,000.00		\$30,000.00	735 ILCS 5/12-901
		100% of fair market value, up to any applicable statutory limit	
\$152,000.00			735 ILCS 5/12-112
	-	100% of fair market value, up to any applicable statutory limit	
\$12,500.00	•	\$2,400.00	735 ILCS 5/12-1001(c)
		100% of fair market value, up to any applicable statutory limit	
\$5,000.00	•	\$2,400.00	735 ILCS 5/12-1001(c)
		100% of fair market value, up to any applicable statutory limit	
\$5,000.00	•	\$2,600.00	735 ILCS 5/12-1001(b)
	\$152,000.00 \$152,000.00 \$152,000.00	\$152,000.00 \$152,000.00 \$152,000.00 \$\$5,000.00 \$\$	Check only one box for each exemption. Schedule A/B \$152,000.00 \$30,000.00 100% of fair market value, up to any applicable statutory limit \$12,500.00 \$2,400.00 \$5,000.00 \$2,400.00 \$2,400.00 \$100% of fair market value, up to any applicable statutory limit

Case 16-20597 Doc 1 Filed 06/24/16 Entered 06/24/16 12:36:22 Desc Main Page 18 of 62 Document Jason J Loughran Debtor 1 Jennifer M Loughran Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Furniture including Beds, dressers, 735 ILCS 5/12-1001(b) \$500.00 \$500.00 kitchen table, couches Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit 3 TVs, Wii system, cell phones 735 ILCS 5/12-1001(b) \$500.00 \$500.00 Line from Schedule A/B: 7.1 П 100% of fair market value, up to any applicable statutory limit clothes 735 ILCS 5/12-1001(a) \$200.00 \$200.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit costume jewelry 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Pit bull 735 ILCS 5/12-1001(b) \$75.00 \$75.00 Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$125.00 \$125.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit First Midwest Checking & Savings 735 ILCS 5/12-1001(b) \$200.00 \$200.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 401(k) with loan 735 ILCS 5/12-1006 Unknown Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Term Life insurance on job 215 ILCS 5/238 \$0.00 **Beneficiary: Jennifer Loughran** 100% of fair market value, up to Line from Schedule A/B: 31.1 any applicable statutory limit

3.	Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
	■ No
	☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
	□ No
	☐ Yes

\$0.00

100% of fair market value, up to any applicable statutory limit

Disability insurance on job

Line from Schedule A/B: 31.2

215 ILCS 5/238

		Document Pa	ade 19	0t b2		
Fill in this information	on to identify yoເ	ır case:				
Debtor 1 J	ason J Loughr	ran				
	irst Name		t Name			
Debtor 2 J	ennifer M Loug	ghran				
(Spouse if, filing)	irst Name	Middle Name Las	t Name			
United States Bankru	ntov Court for the	: NORTHERN DISTRICT OF ILLINOI	S			
Office Otates Barikru	picy Court for the	TOTAL PIOTAL OF IEEE TOTAL				
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
000 1 1 5						
Official Form 1	<u>06D</u>					
Schedule D:	Creditors	Who Have Claims Se	cured	by Propert	V	12/15
		If two married people are filing together, bo out, number the entries, and attach it to thi				
1. Do any creditors have	claims secured by	v vour property?				
_ `	•		dulas Va	u hava nathina alaa t	a rapart on this form	
<u> </u>		his form to the court with your other sche	aules. 10	u nave nothing else t	o report on this form.	
Yes. Fill in all of	of the information	below.				
Part 1: List All Se	cured Claims					
2. List all secured clain	ns. If a creditor has i	more than one secured claim, list the creditor	separately	Column A	Column B	Column C
for each claim. If more the	han one creditor has	s a particular claim, list the other creditors in Pa		Amount of claim	Value of collateral	Unsecured
much as possible, list the	e claims in alphabeti	ical order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Chase Mtg		Describe the property that secures the cl	aim:	\$178,471.00	\$152,000.00	\$26,471.00
Creditor's Name		4536 W 115th Place Alsip, IL 608	303	· ,		
		Cook County				
		As of the data you file the claim is the stand	-11 45 -4			
Po Box 24696		As of the date you file, the claim is: Check apply.	all that			
Columbus, O	H 43224	☐ Contingent				
Number, Street, City,	State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		An agreement you made (such as mortg	age or secu	ured		
Debtor 2 only		car loan)				
☐ Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
☐ At least one of the de	btors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim i	relates to a	Other (including a right to offset)				
community debt						
	Opened					
	2/01/13					
	Last Active					
Date debt was incurred	3/11/16	Last 4 digits of account number	7463			
2.2 Citizens Bank	(Describe the property that secures the cl	aim:	\$16,062.00	\$12,500.00	\$3,562.00
Creditor's Name		2014 Ford Taurus 40000 miles				
Attn: Bankru	otcy					
443 Jefferson	Blvd Ms	As of the date you file, the claim is: Check	all that			
Rjw-135		apply.	ali tilat			
Warwick, RI 0	12886	Contingent				
Number, Street, City,	State & Zip Code	Unliquidated				
18/1	.	Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortg	age or secu	ured		
Debtor 2 only		car loan)				
☐ Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			

Official Form 106D

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

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Debtor 1	Jason J Lo	oughran			Case number (if know)	
	First Name	Middle Na	ame Last Name		_	
Debtor 2	Jennifer M	l Loughran				
	First Name	Middle Na	ame Last Name			
	if this claim re unity debt	elates to a	☐ Other (including a right to off	set)		
Date debt	was incurred	Opened 1/01/15 Last Active 4/11/16	Last 4 digits of accoun	t number		
		•	olumn A on this page. Write tha		\$194,533.00	
	at number here		the donar value totals from all p	ayes.	\$194,533.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

				Document	Page 2	1 of 62		
Fill in t	this inform	ation to identify your c	ase:					
Debtor	1	Jason J Loughran	l					
		First Name	Middle N	ame	Last Name			
Debtor		Jennifer M Lough						
(Spouse	if, filing)	First Name	Middle N	ame	Last Name			
United	States Bank	kruptcy Court for the:	NORTHERN	DISTRICT OF	ILLINOIS			
Case n				_			_	theck if this is an mended filing
		106E/F F: Creditors W	ho Have	Unsecure	d Claims			12/15
any exector schedules of the Atta name and Part 1:	cutory contra e G: Executo e D: Creditor ch the Conti d case numl List All any creditor	acts or unexpired leases to ory Contracts and Unexpi rs Who Have Claims Secu- inuation Page to this page ber (if known). of Your PRIORITY Uns s have priority unsecured	that could resured Leases (Or ired by Proper e. If you have r secured Clair	ult in a claim. Also fficial Form 106G) ty. If more space in no information to i	o list executory of . Do not include is needed, copy	contracts on Schedule A/ any creditors with partia the Part you need, fill it o	B: Property (Offici Ily secured claims ut, number the en	that are listed in tries in the boxes on the
	No. Go to Pa	rt 2.						
	Yes.							
Part 2:	List All	of Your NONPRIORITY	Y Unsecured	Claims				
	-	s have nonpriority unsec	_	,	th your other sche	edules.		
uns	ecured claim n one creditor	nonpriority unsecured cla , list the creditor separately r holds a particular claim, lis	for each claim.	For each claim list	ed, identify what t	type of claim it is. Do not lis	st claims already inc	cluded in Part 1. If more
								Total claim
4.1	Calvary I	Portfolio Services		Last 4 digits of a	ccount number	9555		\$543.00
	500 Sun	Creditor's Name nmit Lake Dr		When was the de	ebt incurred?	Opened 8/01/14		
		NY 10595						
		eet City State ZIp Code red the debt? Check one.		As of the date yo	u file, the claim	is: Check all that apply		
	Debtor 1			По и				
		•		☐ Contingent				
	Debtor 2	•		☐ Unliquidated				
	_	and Debtor 2 only		☐ Disputed Type of NONPRICE	DITY upocourse	d claim:		
		one of the debtors and ano		Student loans	JATET UNSECUTE	u viailli.		
	debt	f this claim is for a comm	nunity	☐ Obligations ari		ration agreement or divord	e that you did not	
	No	subject to offset?		report as priority c		g plans, and other similar	dehts	
				•	·	•		
	☐ Yes			Other. Specify	Collection	Attorney Ge Capital		_

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	1 Jason J Loughran 2 Jennifer M Loughran		Case number (if know)	
4.2	Capital One	Last 4 digits of account number	3465	\$1,293.00
	Nonpriority Creditor's Name Po Box 30285	When we the debt in some 10	Opened 5/01/12 Last Active	
	Salt Lake City, UT 84130	When was the debt incurred?	3/12/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	Capital One/Best Buy	Last 4 digits of account number	2936	\$512.00
	Nonpriority Creditor's Name		Opened 5/01/12 Last Active	
	PO Box 80045 Salinas, CA 93912-0045	When was the debt incurred?	3/06/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.4	Citibank Visa	Last 4 digits of account number	9377	\$1,217.00
	Nonpriority Creditor's Name c/o Northland Group Inc POBox 390905	When was the debt incurred?		
	Minneapolis, MN 55439			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	□ Debts to pension or profit-sharin	a plans, and other similar debts	
		·		
	☐ Yes	Other. Specify Credit card		

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Comenity Bank/Harlem Furniture Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim □ Contingent	Opened 7/01/12 Last Active 5/11/15	\$2,001.00
Po Box 182125 Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	As of the date you file, the claim	5/11/15	
■ Debtor 1 only □ Debtor 2 only	☐ Contingent	is: Check all that apply	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes	report as priority claims Debts to pension or profit-sharing	aration agreement or divorce that you did not	
Comenity-Fashion Bug Nonpriority Creditor's Name PO Box 659728 San Antonio, TX 78265-9728 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: aration agreement or divorce that you did not	\$700.00
Discover Financial Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	d claim: aration agreement or divorce that you did not ag plans, and other similar debts	\$19,648.00
	□ Check if this claim is for a community debt is the claim subject to offset? ■ No □ Yes Comenity-Fashion Bug Nonpriority Creditor's Name PO Box 659728 San Antonio, TX 78265-9728 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes Discover Financial Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	□ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Debts to pension or profit-sharin leads to pension or p	Check if this claim is for a community debt

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	1 Jason J Loughran 2 Jennifer M Loughran		Case number (if know)	
4.8	Discover Financial	Last 4 digits of account number	9201	\$1,264.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 4/01/13 Last Active 4/20/16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card		
4.9	ERC/Enhanced Recovery Corp Nonpriority Creditor's Name	Last 4 digits of account number	5732	\$221.00
	8014 Bayberry Rd Jacksonville, FL 32256	When was the debt incurred?	Opened 6/01/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing		
	Yes	■ Other. Specify Collection	At T	
4.1 0	Fifth Third Bank	Last 4 digits of account number	2385	\$10,129.00
	Nonpriority Creditor's Name Attn: Bankruptcy 1850 East Paris Ave, Se Grand Rapds, MI 49546	When was the debt incurred?	Opened 2/01/08 Last Active 7/16/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir		
	Yes	Other. Specify Credit Card	<u> </u>	

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Debtor Debtor	1 Jason J Loughran 2 Jennifer M Loughran		Case number (if know)	
4.1 1	Fifth Third Bank	Last 4 digits of account number	2385	\$9,361.00
	Nonpriority Creditor's Name POBox 740789 Cincinnati, OH 45274-0789	When was the debt incurred?		
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify CRedit care	<u></u>	
4.1	Ford Credit	Last 4 digits of account number	9215	\$7,300.00
	Nonpriority Creditor's Name National Bankrupcy Service Center Po Box 62180	When was the debt incurred?	Opened 7/01/12 Last Active 4/20/16	
	Colorado Springs, CO 80962 Number Street City State Zlp Code	As of the date you file, the claim i	is: Chook all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	з. Спеск ан так арріу	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	_	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	GECRB- Jc Penney	Last 4 digits of account number	4841	\$1,058.00
	Nonpriority Creditor's Name PO Box 960090	When was the debt incurred?		
	Orlando, FL 32896-0090 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Store acco	unt	

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Debtor 2 Jennifer M Loughran	Case number (if know)					
.1 Illinois Collection Se	Last 4 digits of account number 8703	\$190.00				
Nonpriority Creditor's Name 8231 185th St Ste 100 Tipley Bark II 60487	When was the debt incurred? Opened 8/01/14					
Tinley Park, IL 60487 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated					
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes	□ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Radiology Imaging Specialists					
Illinois Collection Se Nonpriority Creditor's Name	Last 4 digits of account number 8702	\$127.00				
8231 185th St Ste 100 Tinley Park, IL 60487	When was the debt incurred? Opened 8/01/14					
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
Debtor 1 only	☐ Contingent					
■ Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	Disputed					
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	■ Other. Specify Collection Radiology Imaging Specialists					
Jefferson Capital Systems, LLC	Last 4 digits of account number 0003	\$1,632.00				
Nonpriority Creditor's Name 16 McIeland Rd Saint Cloud. MN 56303	When was the debt incurred? Opened 12/01/14					
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
☐ Check if this claim is for a community	Student loans					
debt Is the claim subject to offset? —	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
No	☐ Debts to pension or profit-sharing plans, and other similar debts					
Yes	Factoring Company Account Comenity Other. Specify Bnk/Victoria S S					

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Debtor Debtor	1 Jason J Loughran 2 Jennifer M Loughran		Case number (if know)				
4.1	Jefferson Capital Systems, LLC	Last 4 digits of account number	0003	\$1,033.00			
	Nonpriority Creditor's Name 16 Mcleland Rd Saint Cloud, MN 56303	When was the debt incurred?	Opened 12/01/14				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed	d alaim.				
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciaim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Factoring C Other. Specify Bnk/Fashio	Company Account Comenity on Bug				
4.1	Kay Jewlers	Last 4 digits of account number		\$200.00			
	Nonpriority Creditor's Name PO Box 1799 Akron, OH 44309	When was the debt incurred?					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharin					
	Yes	Other. Specify Account - j	eweiry was a gift				
4.1	Kohls/Capital One	Last 4 digits of account number	0985	\$1,947.00			
	Nonpriority Creditor's Name Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	Opened 6/01/06 Last Active 3/12/13				
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply				
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	No	<u></u>	profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Charge Acc	•				

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ebto	Tason o Loughran Jennifer M Loughran			
2	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	0138	\$1,302.00
	Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	Opened 3/01/13 Last Active 2/10/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Charge Acc	count	
	Merchants Credit	Last 4 digits of account number	1607	\$58.00
	Nonpriority Creditor's Name 223 W Jackson Blvd	When was the debt incurred?	Opened 5/01/15	
	Ste 700 Chicago, IL 60606			
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	Little Company Of Mary Hospita	
	Metro Infectious Disease Consu	Last 4 digits of account number		\$501.89
,	Nonpriority Creditor's Name 910 McClintock Dr #202 Willowbrook II 60537 0844	When was the debt incurred?		
	Willowbrook, IL 60527-0844 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	·	,	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		

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Debtor Debtor	1 Jason J Loughran 2 Jennifer M Loughran		Case number (if know)	
4.2 3	Midland Funding	Last 4 digits of account number	8446	\$1,168.00
	Nonpriority Creditor's Name 2365 Northside Dr Suite 300 San Diego, CA 92108	When was the debt incurred?	Opened 6/01/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Retail Bank	Company Account Ge Capital	
4.2	Midland Funding	Last 4 digits of account number	9264	\$715.00
	Nonpriority Creditor's Name 2365 Northside Dr Suite 300 San Diego, CA 92108	When was the debt incurred?	Opened 11/01/13	
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Factoring C Bank N.A.	Company Account Credit One	
4.2 5	Old Navy	Last 4 digits of account number	8979	\$261.00
	Nonpriority Creditor's Name PO Box 530942 Atlanta, GA 30353-0942	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	П о		
	Debtor 2 only	☐ Contingent		
	_	☐ Unliquidated☐ Disputed		
	Debtor 1 and Debtor 2 only	d claim:		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	u Ciaiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
			g pression, and outer outlined doors	
	Yes	Other. Specify Store acct		

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Debtoi Debtoi	1 Jason J Loughran 2 Jennifer M Loughran		Case number (if know)		
4.2 6	Portfolio Recovery	Last 4 digits of account number	2733	\$1,739.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541	When was the debt incurred?	Opened 12/01/15		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	■ Other. Specify Bank	Company Account Synchrony		
4.2	Southwest Physicians Group	Last 4 digits of account number		\$129.00	
	Nonpriority Creditor's Name 4861 W 95th Street Oak Lawn, IL 60453-2521	When was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	t claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing			
	Yes	Other. Specify Medical			
4.2	Tnb-Visa (TV) / Target Nonpriority Creditor's Name	Last 4 digits of account number	2365	\$1,165.00	
	C/O Financial & Retail Services Mailstop BV PO Box 9475 Minneapolis, MN 55440	When was the debt incurred?	Opened 12/01/01 Last Active 8/01/13		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent	Contingent		
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing			
	Yes	Other. Specify Credit Card			

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Debte Debte	or 1 Jason J Loughran or 2 Jennifer M Loughran		Case number (if know)	
4.2 9	TSI	Last 4 digits of account number	3141	\$59.00
	Nonpriority Creditor's Name Po Box 15630 Wilmington, DE 19850	When was the debt incurred?	Opened 8/01/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	Quest Diagnostics	
4.3 0	University of Chicago Medicine	Last 4 digits of account number		\$5,000.00
	Nonpriority Creditor's Name 15965 Collections Ctr Drive Chicago, IL 60693-0159	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.3	University of Chicago			\$108.00
1	Nonpriority Creditor's Name POBox 75307	Last 4 digits of account number When was the debt incurred?		φ100.00
	Chicago, IL 60675-5307	When was the dest mounted:		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify Medical		
		- Other Opening		

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Debtor 2 Jennifer M Loughran Case number (if know) 4.3 Wal Mart/GECRB 9606 \$228.00 Last 4 digits of account number 2 Nonpriority Creditor's Name PO Box 530927 When was the debt incurred? Atlanta, GA 30353-0927 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Store acct Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Blitt & Gaines PC** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 661 Glenn Avenue Part 2: Creditors with Nonpriority Unsecured Claims Wheeling, IL 60090 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **DNF Associates LLC** Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 352 Sonwil Drive ■ Part 2: Creditors with Nonpriority Unsecured Claims Buffalo, NY 14225 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Estate Information Services** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **PO Box 1370** Part 2: Creditors with Nonpriority Unsecured Claims Reynoldsburg, OH 43068-8730 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Fenton McGarvey Law Firm PSC Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2401 Stanley Gault Pkwy Part 2: Creditors with Nonpriority Unsecured Claims Louisville, KY 40223 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **GE Capital** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PObox 965004 Part 2: Creditors with Nonpriority Unsecured Claims Orlando, FL 32896-5004 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Radiology Imaging Specialists** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 39645 Treasury Center Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60694-9600 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims POBox 965004 Part 2: Creditors with Nonpriority Unsecured Claims Orlando, FL 32896-5004 Last 4 digits of account number

Debtor 1 Jason J Loughran

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Debtor 1 Jason J Loughran
Debtor 2 Jennifer M Loughran

Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 72,809.89
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 72,809.89

		I A A A A A A A A A A A A A A A A A A A	3 H	
Fill in this inforn	nation to identify your	case:		
Debtor 1	Jason J Loughra	n		
	First Name	Middle Name	Last Name	
Debtor 2	Jennifer M Lough	nran		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number _				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for			
2.1								
	Name							
	Number	Street						
	City		State	ZIP Code	<u> </u>			
2.2								
	Name							
	Number	Street						
	City		State	ZIP Code	_			
2.3	Oity		Olate	Zii Oodo				
	Name				_			
	Number	Street						
	City		State	ZIP Code	_			
2.4			<u> </u>					
	Name				_			
	Number	Street			_			
	City		State	ZIP Code	<u> </u>			
2.5	City		Olato	211 0000				
	Name				_			
	Number	Street			_			
	City		State	ZIP Code	<u> </u>			

			Document	Page 35 (of 62	
Fill in thi	is information to ider	ntify your case:				
Debtor 1	locon II	Loughran				
Debior 1	First Name		e Name	Last Name		
Debtor 2	Jennifer	M Loughran				
(Spouse if, f			e Name	Last Name		
United Ct	totoo Bookruptov Cour	t for the NODTHE	RN DISTRICT OF	SILLINOIS		
United Si	tates Bankruptcy Cour	TIOT the. NORTHE	KN DISTRICT OF	ILLINOIS		
Case nur	mber					
(if known)			_			☐ Check if this is an
						amended filing
		_				
Officia	al Form 106H	1				
Sche	dule H: You	r Codebtors	•			12/15
50	4410 111 104					12,10
our nam	and number the entr le and case number (o you have any codel	(if known). Answer e	very question.		. •	p of any Additional Pages, write
	, ,	(,	, ,			
■ No						
□ Ye	es					
Arizo		Louisiana, Nevada, Ne	ew Mexico, Puerto	o Rico, Texas, Wash	ry? (Community propen nington, and Wisconsin.)	ty states and territories include)
in lir Forn	ne 2 again as a codeb	otor only if that perso F (Official Form 106E	on is a guarantor	or cosigner. Make	sure you have listed t 06G). Use Schedule D,	ng with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt
	Name, Number, Street, City	, State and ZIP Code			Check all schedul	
24					Поделен в е	
3.1	Name				Schedule D, lir	
	Tamo				☐ Schedule E/F,	
					☐ Schedule G, lir	ne
	Number Street					
	City	State		ZIP Code		
3.2					☐ Schedule D, lir	ne
	Name				☐ Schedule E/F,	-
					☐ Schedule G, lir	
	- N. I.					·-
	Number Street City	State		ZIP Code		
	~y	Otate		Jude		

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Fill	in this information	to identify your ca	ase:					
Del	btor 1	Jason J Lou	ghran		_			
1	btor 2 buse, if filing)	Jennifer M L	oughran		_			
Uni	ited States Bankrup	otcy Court for the	NORTHERN DISTRIC	CT OF ILLINOIS	_			
1	se number			-			d filing nt showing postpetition chapter as of the following date:	
0	fficial Form	106I						
	chedule I:		ome			MM / DD/ Y	12/1	15
spo atta	use. If you are second a separate she	parated and you	r spouse is not filing w		rmation ab	out your spo	de information about your use. If more space is needed, nown). Answer every questio	
1.	Fill in your emp information.	loyment		Debtor 1		Debtor 2	or non-filing spouse	
		you have more than one job,	Fundament status	■ Employed □ Not employed		☐ Employed ■ Not employed		
	attach a separate information abou		Employment status					
	employers.		Occupation	Pressman		Housew	rife	
	Include part-time self-employed we		Employer's name	Classic Color Inc				
	Occupation may or homemaker, if		Employer's address	2424 S 25th Avenue Broadview, IL 60155				
			How long employed t	here? 13 years				
Pai	rt 2: Give De	etails About Mor	thly Income					_
	mate monthly incuse unless you are		ate you file this form. If	you have nothing to report for	r any line, v	write \$0 in the s	space. Include your non-filing	
	ou or your non-filing e space, attach a s			ombine the information for all	employers	for that persor	n on the lines below. If you need	l
					For	Debtor 1	For Debtor 2 or non-filing spouse	
2.			ry, and commissions (be calculate what the month		\$	5,070.00	\$ 0.00	

3.

+\$

\$

0.00

0.00

0.00

5,070.00

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

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	tor 1 tor 2	Jason J Loughran Jennifer M Loughran	-		Cas	e number (<i>if ki</i>	nown) _					
					Fo	or Debtor 1				Debtor 2		è	
	Cop	y line 4 here	4.		\$_	5,070	0.00	_	\$		0.0		
5.	List	all payroll deductions:											
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	866	5.67	,	\$		0.0	0	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	_	\$		0.0	_	
	5c.	Voluntary contributions for retirement plans	50) .	\$	(0.00)	\$		0.0	0	
	5d.	Required repayments of retirement fund loans	50	d.	\$	181	1.78	3	\$		0.0	_	
	5e.	Insurance	56	€.	\$	936	3.00)	\$		0.0	0	
	5f.	Domestic support obligations	5f		\$	372	2.67	<i>-</i>	\$		0.0	0	
	5g.	Union dues	50	J.	\$	(0.00)	\$		0.0	0	
	5h.	Other deductions. Specify:	_ 5h	า.+	\$_	(0.00	<u>)</u> +	⊦\$		0.0	0	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,357	7.12	<u>.</u>	\$		0.0	0	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,712	2.88	}_	\$		0.0	0_	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.		¢.	_			c		0.0	•	
	O.L.	monthly net income. Interest and dividends	88		\$ _		0.00	_	\$ \$		0.0		
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b		Ψ_ \$		0.00	_	\$ \$		0.0		
	8d.	Unemployment compensation	80		\$		0.00	_	\$		0.0	_	
	8e.	Social Security	86		\$		0.00	_	\$		0.0		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f 8g		\$_ \$_		0.00	_	\$		0.00	0_	
	8g. 8h.	Other menthly income Consider	_	ا. ۱.+	· · -).UC	_	· ·		0.0		
	OII.	Other monthly income. Specify:	_ 01	1. +	Ψ_).00	<u>'</u>	·		0.0	<u> </u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	(0.00)	\$		0.0	00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$		2,712.88	+ 3	\$		0.00	= \$	2	,712.88
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-		_,		_			-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe			•				Schedule 11.			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies								12.	\$	2	,712.88
13.	Do	you expect an increase or decrease within the year after you file this form	?								Comb montl		d ncome
		No. Yes. Explain:											

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				<u> </u>		•		
Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	Jason J Lou	ghran			Che	ck if this is:	
D-1							An amended filing	. Carana a tra a C.C. and a la and a m
	otor 2 ouse, if filing)	Jennifer M L	oughran				A supplement snow 13 expenses as of	wing postpetition chapter the following date:
	, ,,		. NODTI		OIS			
Unit	ted States Banki	ruptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	se number .nown)							
O.	fficial Fo	rm 106J						
		J: Your l	 Exper	ises				12/1:
Be info	as complete ormation. If m	and accurate as	possible.	If two married people ar ch another sheet to this				or supplying correct
Par		ribe Your House	hold					
1.	Is this a joir ☐ No. Go to							
	_	es Debtor 2 live i	in a separa	ate household?				
	■ N		и обран					
			st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Deb	otor 2.	
2.	Do vou hav	e dependents?	□ No					
	Do not list D	•		Fill out this information for	Dependent's relat	ionshin to	Dependent's	Does dependent
	Debtor 2.	CDIOI I AIIG	Yes.	each dependent	Debtor 1 or Debto		age	live with you?
	Do not state	the						□ No
	dependents				son		_ 9	Yes
					danaktan		40	□ No
					daughter		16	■ Yes □ No
								☐ Yes
								□ No
_	_							☐ Yes
3.	expenses o	penses include of people other the d your depende	han $_{\square}$	No Yes				
Est	imate your ex	nate Your Ongoin expenses as of your a date after the b	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed the second	orm as a su J, check t	upplement in a Cha he box at the top o	apter 13 case to report f the form and fill in the
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
4.		or home owners and any rent for the		ses for your residence. I r lot.	nclude first mortgag	e 4. \$	\$	1,319.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a. \$	\$	0.00
	4b. Prope	erty, homeowner's	s, or renter'	's insurance		4b. 3	·	0.00
				ipkeep expenses		4c. \$: 	0.00
5		owner's associat		dominium dues	me equity loans	4d. 5	·	0.00

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Debto	•		0	h ('f l)	
ebto	Jennifer M Loughran		case num	ber (if known)	
S. 1	Utilities:				
	6a. Electricity, heat, natural gas		6a.	\$	250.00
(6b. Water, sewer, garbage collection		6b.	\$	60.00
(6c. Telephone, cell phone, Internet, sa	atellite, and cable services	6c.	\$	300.00
(6d. Other. Specify:		6d.	\$	0.00
. 1	Food and housekeeping supplies		7.	\$	550.00
. (Childcare and children's education co	osts	8.	\$	20.00
. (Clothing, laundry, and dry cleaning		9.	\$	10.00
0. I	Personal care products and services		10.	\$	50.00
1. I	Medical and dental expenses		11.	\$	200.00
2.	Transportation. Include gas, maintenar	nce, bus or train fare.			
	Do not include car payments.	·	12.	\$	400.00
3. I	Entertainment, clubs, recreation, new	spapers, magazines, and books	13.	\$	40.00
4. (Charitable contributions and religious	s donations	14.	\$	0.00
	nsurance.				
	Do not include insurance deducted from	your pay or included in lines 4 or 20.		_	
	15a. Life insurance		15a.	·	0.00
	15b. Health insurance		15b.	·	0.00
	15c. Vehicle insurance		15c.	·	250.00
	15d. Other insurance. Specify:		15d.	\$	0.00
		om your pay or included in lines 4 or 20.		_	
	Specify:		16.	\$	0.00
	nstallment or lease payments:		47-	Φ.	
	17a. Car payments for Vehicle 1		17a.	·	290.00
	17b. Car payments for Vehicle 2		17b.	·	0.00
	17c. Other. Specify:		17c.	\$	0.00
	17d. Other. Specify:		17d.	\$	0.00
		nce, and support that you did not report a		\$	0.00
	Other payments you make to support	hedule I, Your Income (Official Form 106I)).	\$	0.00
	Specify:	others who do not live with you.	19.	Ψ	0.00
	· · ·	uded in lines 4 or 5 of this form or on Scl		ur Income	
	20a. Mortgages on other property		20a.		0.00
	20b. Real estate taxes		20b.	·	0.00
	20c. Property, homeowner's, or renter's	s insurance	20c.	·	0.00
	20d. Maintenance, repair, and upkeep		20d.		0.00
	20e. Homeowner's association or cond	·	20e.	·	0.00
	Other: Specify:	ioninium dues	21.	·	
١. '	Julei. Specily.			-Ψ	0.00
2. (Calculate your monthly expenses				
	22a. Add lines 4 through 21.			\$	3,739.00
2	22b. Copy line 22 (monthly expenses for	r Debtor 2), if any, from Official Form 106J-2		\$	
2	22c. Add line 22a and 22b. The result is	s your monthly expenses.		\$	3,739.00
		, , . , . ,		· -	
	Calculate your monthly net income.			•	_
	23a. Copy line 12 (your combined mon	• /	23a.		2,712.88
2	23b. Copy your monthly expenses from	n line 22c above.	23b.	-\$	3,739.00
,	23c. Subtract your monthly expenses for	rom your monthly income			
4	The result is your <i>monthly net inco</i>		23c.	\$	-1,026.12
	,				
		se in your expenses within the year after			
		or your car loan within the year or do you expect yo	our mortgage p	payment to increase	or decrease because of a
	modification to the terms of your mortgage?				
	No.				
	☐ Yes. Explain here:				

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Fill in this infor	mation to identify your	case:		
Debtor 1	Jason J Loughra	n		
	First Name	Middle Name	Last Name	_
Debtor 2	Jennifer M Lough			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRIC	FOF ILLINOIS	_
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fori	-	n Individua	Debtor's Schedule	S 12/15
lf ture merried m	anda ara filing tagatha	, both are equally reen	naible for aumuluing correct informatio	
ii two married p	eopie are ming together	, both are equally respo	onsible for supplying correct information	m.
obtaining mone		n connection with a ban	s or amended schedules. Making a fals kruptcy case can result in fines up to \$	
Sig	ın Below			
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out bankruptcy for	ms?
■ No				
☐ Yes.	Name of person			ch Bankruptcy Petition Preparer's Notice, laration, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and schedules filed with this dec	claration and
X /e/ lac	son J Loughran		X /s/ Jennifer M Loughra	n
	J Loughran		Jennifer M Loughran	
	ure of Debtor 1		Signature of Debtor 2	
Date	June 19, 2016		Date June 19, 2016	

Fill in this infor	nation to identify your case:			ì	
Debtor 1	Jason J Loughran				
Debtor 2	Jennifer M Loughran	Middle Name	Last Name	1	
(Spouse if, filing)	First Name	Middle Namo	Lest Namo		
United States Ba	nkruptcy Court for the: NOI	RTHERN DISTRICT	OF ILLINOIS		
Case number					
(If known)					Check if this is an
L					amended filing
Official Form					
Declarat	<u>ion About an I</u>	<u>ndividual</u>	Debtor's Sc	hedules_	12/15
if two married po	ople are filing together, both	sre equally respo	naible for supplying con	rect information	
obtaining money	or property by fraud in con:	iection with a bani	s or amended schedules truptcy case can result i	. Making a false state In fines up to \$250.00	ment, concealing property, or 0, or imprisonment for up to 20
years, or both. 1	8 U.S.C. §§ 152, 1341, 1519, s	and 3571.	• •		
Sign	Below				
Did you pay	or agree to pay someone w	ho is NOT an attor	nsy to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes. N	ame of person			Attach Bank	ruptcy Petition Preparer's Notice,
				Declaration,	and Signature (Official Form 119)
Under penal that they are	ty of perjury, I declare that I is true and correct.	have read the sum	mary and schedules file	d with this declaration	n and
x In	La 1			Lucha lon	
**	Loughran L	<u> </u>	- × Cenny	M LOUGULOR	<u> </u>
	of Debtor 1		Signature of i		
Date	6/19/16		Date 6/	10/16	
_			Ualo (C.)	<i>t-4//W</i>	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

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Fill ir	n this inform	nation to identify your	case:			
Debte	or 1	Jason J Loughra	n			
		First Name	Middle Name	Last Name		
Debte		Jennifer M Lough		Lost Nama		
(Spous	se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ban	kruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case	number					
(if know						Check if this is an
					a	mended filing
∩ffi	cial For	m 107				
			Affaire for Individ	luale Eiling for B	ankruntov	4/4.6
				duals Filing for B		4/16
					equally responsible for sup additional pages, write you	
		i). Answer every ques		unis form. On the top of any	additional pages, write you	ai name and case
Dort	Cive D	ataila Abaut Vaus Mai	rital Status and Where Ver	Lived Defere		
Part	Give D	etalis About Tour Mai	rital Status and Where You	Lived Belore		
1. V	Vhat is your	current marital status	s?			
	Mauriad					
•	MarriedNot marr	riad				
-	i Not man	ileu				
2. [Ouring the la	st 3 years, have you l	ived anywhere other than	where you live now?		
	No					
•	_	all of the places you liv	ved in the last 3 years. Do no	ot include where you live now		
-	1 103. El3t	an or the places you in	ved in the last 5 years. Do no	or include where you live now	•	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
siaies	anu territorie	es include Anzona, Cal	ilomia, idano, Louisiana, Ne	vaua, New Mexico, Fuerto Ri	co, rexas, washington and w	VISCOTISITI.)
I	No					
	☐ Yes Mal	ka aura vau fill aut Sah				
	- 1 CS. IVIAI	ke sure you iii out <i>scri</i>	edule H: Your Codebtors (Ot	fficial Form 106H).		
		•	,	fficial Form 106H).		
Part		n the Sources of Your	,	fficial Form 106H).		
	2 Explain	n the Sources of Your	Income	,	ear or the two previous cales	ndar veare?
4. C	Explair	the Sources of Your	Income	,	ear or the two previous caled time activities.	ndar years?
4. [Explair Did you have fill in the total	n the Sources of Your e any income from em I amount of income you	Income ployment or from operating received from all jobs and a	g a business during this ye	time activities.	ndar years?
4. [F II	Explair Did you have Till in the total To you are filing	n the Sources of Your e any income from em I amount of income you	Income ployment or from operating received from all jobs and a	g a business during this yeall businesses, including part-	time activities.	ndar years?
4. [F II	Explair Did you have Fill in the total f you are filing No	e any income from em I amount of income you g a joint case and you	Income ployment or from operating received from all jobs and a	g a business during this yeall businesses, including part-	time activities.	ndar years?
4. [F II	Explair Did you have Fill in the total f you are filing No	n the Sources of Your e any income from em I amount of income you	Income ployment or from operating received from all jobs and a	g a business during this yeall businesses, including part-	time activities.	ndar years?
4. C F II	Explair Did you have Fill in the total f you are filing No	e any income from em I amount of income you g a joint case and you	Income ployment or from operating received from all jobs and a	g a business during this yeall businesses, including part-	time activities.	ndar years?
4. [F II	Explair Did you have Fill in the total f you are filing No	e any income from em I amount of income you g a joint case and you	Income Inployment or from operating received from all jobs and a have income that you received Debtor 1 Sources of income	g a business during this yeall businesses, including parte together, list it only once un	time activities. der Debtor 1. Debtor 2 Sources of income	Gross income
4. [F II	Explair Did you have Fill in the total f you are filing No	e any income from em I amount of income you g a joint case and you	ployment or from operating received from all jobs and a have income that you received.	g a business during this yeall businesses, including parter together, list it only once un	time activities. der Debtor 1. Debtor 2	Gross income (before deductions
4. C F II C	Explair Did you have Till in the total f you are filing No Yes. Fill	e any income from em l amount of income you g a joint case and you l in the details.	ployment or from operating a received from all jobs and a have income that you received. Debtor 1 Sources of income Check all that apply.	g a business during this yeall businesses, including parter together, list it only once under the decision of	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
4. [F	Explair Did you have Fill in the total f you are filing No Yes. Fill ast calendar	e any income from em l amount of income you g a joint case and you in the details.	ployment or from operating a received from all jobs and a have income that you received. Debtor 1 Sources of income Check all that apply. Wages, commissions,	g a business during this yeall businesses, including parter together, list it only once un	Debtor 2 Sources of income Check all that apply. Wages, commissions,	Gross income (before deductions
4. [F	Explair Did you have Fill in the total f you are filing No Yes. Fill ast calendar	e any income from em l amount of income you g a joint case and you l in the details.	ployment or from operating a received from all jobs and a have income that you received. Debtor 1 Sources of income Check all that apply.	g a business during this yeall businesses, including parter together, list it only once under the decision of	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

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		son J Lou nnifer M L			200401		Cas	e number (if known)		
				Debtor 1				Debtor 2		
					of income that apply.	(before	s income re deductions and sions)	Sources of inc		Gross income (before deductions and exclusions)
		dar year be December		■ Wages	s, commissions, tips		\$62,100.00	■ Wages, combonuses, tips	nmissions,	\$0.00
				☐ Opera	ting a business			☐ Operating a	business	
5.	Include in and other winnings. List each	come regard public bene If you are fil source and f	dless of whet fit payments ing a joint ca the gross inc	ther that incomplete that incomplete that incomplete the contraction in the contraction i	ome is taxable. Exa ental income; inter have income that y	amples o rest; divid you recei		alimony; child supp cted from lawsuits; only once under D	royalties; and ebtor 1.	ecurity, unemployment, d gambling and lottery
	☐ Yes.	Fill in the de	etails.							
				Debtor 1		_		Debtor 2		
				Sources Describe	of income below.	each (before	s income from source re deductions and sions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	ıyments You	u Made Befo	ore You Filed for	Bankrup	otcy			
6.	Are eithe ☐ No.	Neither Doindividual During the No. Yes	ebtor 1 nor primarily for a 90 days bef Go to line List below paid that continclude	Debtor 2 ha a personal, f ore you filed 7. each creditor payments t	family, or household for bankruptcy, did not to whom you pain to include paymer to an attorney for the	umer del ld purpos d you pa id a total nts for do his bankı	ots. Consumer deb se." y any creditor a tota of \$6,425* or more mestic support obli	al of \$6,425* or mo in one or more pay gations, such as ch	re? /ments and th ild support a	1(8) as "incurred by an ne total amount you and alimony. Also, do
	■ Yes.				e primarily consu I for bankruptcy, di		ots. y any creditor a tota	al of \$600 or more?	?	
		■ No.	Go to line	7.						
		□ Yes	include pa		lomestic support o		of \$600 or more an s, such as child sup			creditor. Do not nclude payments to an
	Creditor	's Name an	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	payment for
7.	Insiders in of which y a busines alimony.	nclude your i You are an of s you operat	elatives; any fficer, directo te as a sole p	y general pa or, person in proprietor. 1°	rtners; relatives of control, or owner of	any geno of 20% or		erships of which yog g securities; and a	u are a gene ny managing	ral partner; corporation agent, including one fo
			nents to an i	nsider.						
	Insider's	Name and	Address		Dates of payme	ent	Total amount paid	Amount you still owe	Reason fo	r this payment

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	otor 1 Jason J Loughran otor 2 Jennifer M Loughran	Document	Case	number (if known)			
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer an	y property on a	ccount of a de	ebt that benefited an	
	■ No □ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment	
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures	para	Siiii Owe	molado orda	ioi o name	
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.						
	□ No						
	Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of th	e case	
	Discover Bank v. Debtor Jason J Loughran 16 M5 2137	Collection	Circuit Court of Cook County- 5th Dist 10220 S 76th Ave Bridgeview, IL 60455		■ Pending □ On appeal □ Concluded		
	 Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below. Creditor Name and Address 	Describe the Property Explain what happened	d	Date		Value of the property	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.		luding a bank or fina	ncial institution	, set off any a	mounts from your	
	Creditor Name and Address	Describe the action the	e creditor took	Date taken	action was	Amount	
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possession	n of an assigne	e for the bene	fit of creditors, a	
Par	t 5: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gift	s with a total value of	f more than \$60	0 per person?	,	
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value	
	Person to Whom You Gave the Gift and Address:						

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	otor 1 otor 2	Jason J Loughran Jennifer M Loughran			Case number (if known)	
14.	I	n 2 years before you filed for bank No Yes. Fill in the details for each gift or o		lid you give any gifts or contribution	s with a tota	I value of more than	\$600 to any charity?
	more Char	or contributions to charities that than \$600 ity's Name 'ess (Number, Street, City, State and ZIP Cod		Describe what you contributed		Dates you contributed	Value
Par	t 6:	List Certain Losses					
15.		n 1 year before you filed for bankru mbling?	iptcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster,
		No Yes. Fill in the details.					
		cribe the property you lost and the loss occurred	Include	the amount that insurance has paid. Loc claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Par	t 7:	List Certain Payments or Transfer	s				
	consu	ulted about seeking bankruptcy or	preparin	d you or anyone else acting on your og a bankruptcy petition? s, or credit counseling agencies for ser			rty to anyone you
	_	No Yes. Fill in the details.					
	Addr Emai	on Who Was Paid ress il or website address on Who Made the Payment, if Not Y	You	Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment
	Law 53 W Suite Chic	Offices of Daniel J Winter V Jackson Boulevard e 718 cago, IL 60604 @DWinterLaw.com		Attorney Fees		various	\$1,500.00
17.	promi		ditors or	d you or anyone else acting on your r to make payments to your creditors ed on line 16.	_	r transfer any prope	rty to anyone who
		No Yes. Fill in the details.					
	Perse Addr	on Who Was Paid ress		Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment
	transf Includ includ	ferred in the ordinary course of you le both outright transfers and transfer e gifts and transfers that you have all	u r busin e s made a	as security (such as the granting of a se			
		No Yes. Fill in the details.					
	Perse Addr	on Who Received Transfer ress		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Pers	on's relationship to you					

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Debtor 1 Jason J Loughran
Debtor 2 Jennifer M Loughran

Case number (if known)

19.	 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 								
	Name of trust	Description and v	alue of the pro	operty trans	sferred	Date Transfer was made			
Par	List of Certain Financial Accounts, Inst	truments, Safe Deposit	Boxes, and S	storage Uni	ts				
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc ■ No ■ Yes. Fill in the details.	r other financial accour	nts; certificate	s of depos		, ,			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 yearsh, or other valuables?	ear before you filed for	bankruptcy, a	any safe de	posit box or other depos	sitory for securities,			
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?			
22.	Have you stored property in a storage unit of	r place other than your	home within	1 year befo	re you filed for bankrupt	cy?			
	No								
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?			
Par	t 9: Identify Property You Hold or Control f	for Someone Else							
23.	Do you hold or control any property that son for someone.	neone else owns? Inclu	ıde any prope	rty you bor	rowed from, are storing	for, or hold in trust			
	No								
	Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value			
Par	t 10: Give Details About Environmental Info	rmation							
For	the purpose of Part 10, the following definitio	ns apply:							
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these	e air, land, soil, surface	water, groun	• .					
	Site means any location, facility, or property to own, operate, or utilize it, including dispos		environmental	law, wheth	ner you now own, operat	e, or utilize it or used			
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Jason J Loughran
Debtor 2 Jennifer M Loughran

Case number (if known)

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No										
		Yes. Fill in the details.									
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice					
25.	Hav	e you notified any governmental unit of	any release of hazardous material?								
		No Yes. Fill in the details.									
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.										
	No Yes. Fill in the details.										
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case					
Par	t 11:	Give Details About Your Business or	Connections to Any Business								
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?										
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time										
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)										
	☐ A partner in a partnership										
		☐ An officer, director, or managing exc	ecutive of a corporation								
		☐ An owner of at least 5% of the voting	g or equity securities of a corporatio	n							
		No. None of the above applies. Go to P	Part 12.								
		Yes. Check all that apply above and fill		SS.							
	Bu	siness Name	Describe the nature of the business		Employer Identification number						
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security n Dates business existed	umber or ITIN.					
28.		nin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statemen	t to a		de all financial					
		No Yes. Fill in the details below.									
		me dress nber, Street, City, State and ZIP Code)	Date Issued								
		,									

Entered 06/24/16 12:36:22 Case 16-20597 Doc 1 Filed 06/24/16 Desc Main Document Page 48 of 62 Jason J Loughran Debtor 1 Debtor 2 Jennifer M Loughran Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jason J Loughran /s/ Jennifer M Loughran Jason J Loughran Jennifer M Loughran Signature of Debtor 1 Signature of Debtor 2 Date June 19, 2016 Date June 19, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

□ No
■ Yes

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental lateral No.	w?
■ No	
Yes. Fill in the details.	of notice
25. Have you notified any governmental unit of any release of hazardous material?	
No Yes. Fill in the details.	of notice
Name of sits Governmental unit Environmental law, if you Date Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code)	Of House
26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and order	lors.
No I Yes, Fill in the details.	
— · · · · · · · · · · · · · · · · · · ·	s of the
Part 11: Give Details About Your Business or Connections to Any Business	
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business. A sets proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Describe the nature of the business Employer Identification number Do not include Social Security number Do not include Social Security number Dates business existed 28. Within 2 years before you filed for benkruptcy, did you give a financial statement to anyone about your business? Include all Institutions, creditors, or other parties.	r or ITIN.
No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZEP Code)	
Part 12: Sign Below	
I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in o with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	answers connection
Jason J Loughran Signature of Debtor 1 Date 6/19/16 Jennifer M Loughran Signature of Debtor 2 Date 6/19/16	
Date 6/19/16	
Official Form 107 Statement of Financial Affairs for individuals Filing for Bankruptcy	pāge Casa Backnost

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Fill in this infor	mation to identify your case:			
Debtor 1	Jason J Loughran			
Debior 1	First Name	Middle Name	Last Name	
Debtor 2	Jennifer M Loughran			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the: NOF	RTHERN DIST	RICT OF ILLINOIS	
Coop number				
Case number (if known)				☐ Check if this is an amended filing
If you are an indi ■ creditors have	nt of Intention for ividual filing under chapter 7, e claims secured by your pro	you must fill		er 7 12/15
You must file thi	ever is earlier, unless the cou	30 days after	ot expired. you file your bankruptcy petition or by the date s e time for cause. You must also send copies to the	
	eople are filing together in a j nd date the form.	oint case, bo	th are equally responsible for supplying correct i	information. Both debtors must
	and accurate as possible. If n our name and case number (i		needed, attach a separate sheet to this form. Or	n the top of any additional pages,
Part 1: List Yo	our Creditors Who Have Secu	unad Claima		
1. For any credit	ors that you listed in Part 1 o		: Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
information be	elow. editor and the property that is o	collateral	What do you intend to do with the property that	at Did you claim the property
, , , , , , , , , , , , , , , , , , , ,			secures a debt?	as exempt on Schedule C?
Creditor's C	itizens Bank		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	
Description of	2044 Ford Touris 40000	\!laa	Retain the property and enter into a	■ Yes
•	2014 Ford Taurus 40000	miles	Reaffirmation Agreement.	
property securing debt:			☐ Retain the property and [explain]:	
For any unexpire in the information	n below. Do not list real esta-	at you listed te leases. Un	in Schedule G: Executory Contracts and Unexpirexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)	he lease period has not yet ended.
Describe your u	nexpired personal property l	eases		Will the lease be assumed?
Lessor's name: Description of lea	ased			□ No
Property:				☐ Yes
Lessor's name:	anad			□ No
Description of lea Property:	aseu			☐ Yes
Lessor's name:				
Official Form 108	Sta	atement of In	tention for Individuals Filing Under Chapter 7	page 1

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Debtor 1 Debtor 2	Jason J Loughran Jennifer M Loughran	Case number (if known)	
Description Property:	n of leased	□ No	
Lessor's na	ame:	☐ Yes	
	n of leased	☐ Yes	
Lessor's na	ame: n of leased	□ No	
Property:		☐ Yes	
•	ame: n of leased	□ No	
Property:	omo:	☐ Yes	
	n of leased		
		□ No □ Yes	

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Debtor Debtor		Case number (if known)
Part 3:	Sign Below	
	y that is subject to an unexpired lease.	ated my intention about any property of my estate that secures a debt and any personal
χ /s	/ Jason J Loughran	χ /s/ Jennifer M Loughran
Ja	ason J Loughran	Jennifer M Loughran
Si	gnature of Debtor 1	Signature of Debtor 2
Da	ate June 19, 2016	Date June 19, 2016

Debtor 1 Debtor 2	Jason J Loughran Jennifer M Loughran	Case number (# known)
		•
21841 N	Bign Below	
Under pen	aity of perjury, I deciare that I have indi-	sted my intention about any property of my estate that secures a debt and any personal
x	an Sanston	× Jernify Tolesh Zav
	in J Loughran	Jennifer of Loughran Signature of Debtor 2
Date	6/15/16	Date 6/19/16

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-20597 Doc 1 Filed 06/24/16 Entered 06/24/16 12:36:22 Desc Main Document Page 58 of 62

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Jason J Loughran Gundard State Gunda		Case No.		
	common in Loughnan	Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR DI	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	, or agreed to be paid	to me, for services re	
	For legal services, I have agreed to accept		\$	1,500.00	
	Prior to the filing of this statement I have received			1,500.00	
	Balance Due			0.00	
2.	\$335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	n unless they are mem	bers and associates of	f my law firm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name				aw firm. A
6.	In return for the above-disclosed fee, I have agreed to rea	nder legal service for all aspec	cts of the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credito d. Representation of the debtor in adversary proceedings e. [Other provisions as needed] Negotiations with secured creditors to represent a period of the provision of the secured creditors of the provision of the secured creditors to represent the provision of the secured creditors the secured creditors. 	ement of affairs and plan which rs and confirmation hearing, as and other contested bankrup educe to market value; ex ns as needed; preparation	th may be required; and any adjourned heatery toy matters; semption planning	urings thereof; ; preparation and f	iling of
7.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis proceeding.			es, or any other ac	dversary
		CERTIFICATION			
	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for	or payment to me for i	representation of the d	ebtor(s) in
	June 19, 2016	/s/ Daniel J Wint	er		
1	Date	Daniel J Winter			
		Signature of Attorn Law Offices of D			
		53 W Jackson B			
		Suite 718			
		Chicago, IL 6060			
		312-427-1613 F djw@dwinterlaw	ax: 312-663-1312 /.com		
		Name of law firm			

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United States Bankruptcy Court Northern District of Illinois

In re	Jason J Loughran Jennifer M Loughran		Case No.	
		Debtor(s)	Chapter	7
	VE	CRIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	41
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credi	tors is true and	correct to the best of my
Date:	June 19, 2016	/s/ Jason J Loughran Jason J Loughran		
		Signature of Debtor		
Date:	June 19, 2016	/s/ Jennifer M Loughran		
		Jennifer M Loughran		
		Signature of Debtor		

United States Bankruptcy Court Northern District of Illinois

În re	Jason J Loughran Jennifer M Loughran	Debtor(s)	Case No. Chapter 7	
	VER	IFICATION OF CREDITOR M	ATRIX	
		Number of 0	Creditors:	41
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of r (our) knowledge.			
Date:	6/19/16	Jason J Loughran	hum	
Date:	6/19/16	Signature of Debtor Johnstor W. Leughven Signature of Debtor		

Blitt & Gaine 28e 16-20597 Doc 1 661 Glenn Avenue Wheeling, IL 60090

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8231 185th St Ste 100 Tinley Park, IL 60487

Calvary Portfolio Services 500 Summit Lake Dr Ste 400 Valhalla, NY 10595

DNF Associates LLC 352 Sonwil Drive Buffalo, NY 14225

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

Capital One Po Box 30285 Salt Lake City, UT 84130 ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Jefferson Capital Systems, LLC 16 Mcleland Rd Saint Cloud, MN 56303

Capital One/Best Buy PO Box 80045 Salinas, CA 93912-0045 Estate Information Services PO Box 1370 Reynoldsburg, OH 43068-8730 Jefferson Capital Systems, LLC 16 Mcleland Rd Saint Cloud, MN 56303

Chase Mtg Po Box 24696 Columbus, OH 43224 Fenton McGarvey Law Firm PSC 2401 Stanley Gault Pkwy Louisville, KY 40223

Kay Jewlers PO Box 1799 Akron, OH 44309

Citibank Visa c/o Northland Group Inc POBox 390905 Minneapolis, MN 55439

Fifth Third Bank Attn: Bankruptcy 1850 East Paris Ave, Se Grand Rapds, MI 49546

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Citizens Bank Attn: Bankruptcy

443 Jefferson Blvd Ms Rjw-135

Warwick, RI 02886

Fifth Third Bank POBox 740789 Cincinnati, OH 45274-0789 Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Comenity Bank/Harlem Furniture Po Box 182125 Columbus, OH 43218

Ford Credit National Bankrupcy Service Center Po Box 62180 Colorado Springs, CO 80962

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Comenity-Fashion Bug PO Box 659728 San Antonio, TX 78265-9728 GE Capital PObox 965004 Orlando, FL 32896-5004

Metro Infectious Disease Consu 910 McClintock Dr #202 Willowbrook, IL 60527-0844

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 GECRB- Jc Penney PO Box 960090 Orlando, FL 32896-0090

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108 Midland Funding Se 16-20597 Doc 1 2365 Northside Dr Suite 300 San Diego, CA 92108

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Old Navy PO Box 530942 Atlanta, GA 30353-0942

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

Radiology Imaging Specialists 39645 Treasury Center Chicago, IL 60694-9600

Southwest Physicians Group 4861 W 95th Street Oak Lawn, IL 60453-2521

Synchrony Bank POBox 965004 Orlando, FL 32896-5004

Tnb-Visa (TV) / Target C/O Financial & Retail Services Mailstop BV PO Box 9475 Minneapolis, MN 55440

TSI Po Box 15630 Wilmington, DE 19850

University of Chicago Medicine 15965 Collections Ctr Drive Chicago, IL 60693-0159

University of Chicago PhysiciansGrp POBox 75307 Chicago, IL 60675-5307